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SECTION 745: INSTRUCTIONS FOR COMPLETING PREMIUM CONVERSION PLAN - BENEFIT ELECTION FORM, STATE ACCOUNTING FORM D-67

1. Purpose.

- (a) The PREMIUM CONVERSION PLAN BENEFIT ELECTION FORM, SAFORM D-67 is used by an employee to enroll in the Premium Conversion Plan (PCP), to reduce compensation accordingly, or to change the amount of PCP reduction for the plan(s) enrolled in. This form is also used to cancel any previous authorizations made by a prior SAFORM D-67.
- (b) The form is also used by the agent (assignee) to initiate certain change transactions as required by applicable laws, rules, or regulations, when such use has been approved by the Comptroller; for such use, the forms are prepared by the agent (assignee) and do not require an employee's signature, but do require the authorization of the Health Fund.
- 2. <u>Prepared By</u>. The employee with the assistance of the appropriate office within the employing department or with the assistance of the agent (assignee).
- 3. <u>Frequency</u>. Prepared whenever an employee enrolls, changes enrollment or cancels a previous enrollment.
- 4. <u>Distribution</u>. Forms for new authorizations and cancellations must be submitted directly to the Health Fund for audit and eligibility review (after agent, if required). Upon approval, the Health Fund must submit forms for new authorizations to Central Payroll, DAGS, by 4:00 p.m. on the first work day of the month, if they are to be reflected in the payroll for that month. Forms for cancellations must be submitted to Central Payroll by 4:00 p.m. of the first work day of either pay period in a month, if they are to be reflected in that payroll period. (Health Fund, by controlling the submission of SAFORM D-67 to Central Payroll, may in effect control the pay period in which a new authorization or a cancellation will be effective.)

(a) If completed at employing department.

- (1) Copy #1 To agent for authorization signature; to Health Fund for review and authorization; to Central Payroll; to data processing center; and to Central Payroll for verification and control filing.
- (2) Copy #2 To agent for reference filing.
- (3) Copy #3 Retained by department for payroll verification and filing into employee's personnel jacket.

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(4) Copy #4 - Retained by department, and routed to the employee for employee's personal record.

(b) If completed at agent's office.

- (1) Copy #1 To Health Fund for review and authorization; to Central Payroll; to data processing center; and to Central Payroll for verification and control filing.
- (2) Copy #2 Retained by the agent for reference filing.
- (3) Copy #3 To employing department for payroll verification and filing into employee's personnel jacket.
- (4) Copy #4 To employing department and routed to the employee for employee's record.

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SECTION 745: INSTRUCTIONS FOR COMPLETING PREMIUM CONVERSION PLAN - BENEFIT ELECTION FORM, STATE ACCOUNTING FORM D-67

| ITEM | |
|------|---|
| NO. | DATA AND DATA INSTRUCTIONS |
| 1 | DEPARTMENT - Enter the title of the department in which the employee is employed. |
| 2 | SUBDIVISION OR SCHOOL - Enter the title of the subdivision or school in which the employee is employed. |
| 3 | FORM NO Form number PK1 is pre-printed. |
| 4 | SOCIAL SECURITY NO Enter the employee's social security number. |
| 5 | LAST NAME, FIRST NAME, MIDDLE INITIAL - Enter the employee's name in the following sequence: last name, first name, middle initial. The name must be identical with the name reflected on the EMPLOYEE'S EARNINGS, DEDUCTIONS AND LEAVE STATEMENT. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name. |
| 6 | AGENT - Enter the code assigned to the agent (assignee) who is to receive the assignment. |
| | 701 - Health Fund |
| | 801 - HGEA |
| | 901 - UPW |
| 7 | DEPT Enter the one character code of the department in which the employee is employed. |
| 8 | EFFECTIVE DATE - Enter the date when the form is to take effect. |
| 9 | I HEREBY ELECT TO: |
| | // A. // ENROLL OR // CHANGE - Enter an "X" in the first box if the employee is authorizing a reduction; and enter an "X" in the second box if enrolling in the Premium Conversion Plan (PCP) or enter an "X" in the third box if changing the amount of PCP reduction for the benefit plan(s) selected. |
| | /_/ B. CANCEL - Enter an "X" in this box to cancel any previous authorization. |

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SECTION 745: INSTRUCTIONS FOR COMPLETING PREMIUM CONVERSION PLAN - BENEFIT ELECTION FORM, STATE ACCOUNTING FORM D-67

| ITEM NO. | DATA AND DATA INSTRUCTIONS |
|-------------|--|
| 10 | BENEFIT PLAN - Enter an "X" in the box for the Benefit(s) plan desired: Medical, Drug, Vision, and/or Adult Dental. |
| (11) | TYPE - Enter the assignment type code. DR - Adult Dental Premium Conversion Plan MR - Medical Premium Conversion Plan PR - Prescription Drug Premium Conversion Plan VR - Vision Care Premium Conversion Plan UD - Union Adult Dental Premium Conversion Plan UM - Union Medical Premium Conversion Plan UP - Union Prescription Drug Premium Conversion Plan UV - Union Vision Care Premium Conversion Plan |
| 12 | PLAN CODE - Enter the three-digit number plan code in which the employee is enrolled. Refer to Table I: HEALTH FUND PLAN CODES FOR PAYROLL DEDUCTIONS. |
| 13 | FIRST MONTH CONTRIBUTION - Enter the dollar amount that is to be deducted for the first month. |
| 14 | NEXT MONTH IF DIFFERENT - Enter the dollar amount that is to be deducted for subsequent months if different from the first month. |
| 15 | The date and signature of the employee. |
| 16 | The date and signature of the agent (assignee) and the authorized signature of the Health Fund. |
| | |
| | |
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|--------------|--------------|---|-------------|
| | | SECTION 745: INSTRUCTIONS FOR COMPLETING ION PLAN - BENEFIT ELECTION FORM, STATE ACCOUNTING | |
| | | I: HEALTH FUND PLAN CODES FOR PAYROLL DEDUCTIONS | |
| PLAN CODE | | TYPE OF PLAN | |
| | MEDIC | <u>AL</u> | |
| 111 | | KAISER - Self Only | |
| 112 | | KAISER - Self and Family | |
| 211 | | HMSA - Self Only | |
| 212 | | HMSA - Self and Family | • |
| 411 | | CHP - Self Only | |
| 412 | | CHP - Self and Family | |
| 511 | | ISLANDCARE - Self Only | |
| 512 | | ISLANDCARE - Self and Family | |
| | PRESC | RIPTION DRUG | |
| 311 | | HDS MEDICAL - Self Only | |
| 312 | | HDS MEDICAL - Self and Family | |
| | <u>VISIO</u> | N CARE | |
| 011 | | VSP - Self Only | |
| 012 | | VSP - Self and Family | |
| | ADULT | DENTAL | |
| 631 | | HDS - Self Only | |

HDS - Self and Spouse

632

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EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR SAFORM D-67

| TATE OF HAWAII PREMIUM CONVERSIO | | | ELECT | ION FORM | |
|---|--|--|--|---|--|
| DEPARTMENT (1) | 2. SUBDIVISION OR S | CH00L | | | |
| PKI (4) SOCIAL SECURITY NO S LAST NAME, FIRST NAME, MIDDLE INITIA | | | 6 AGE | $\overline{}$ | 8. EEFECTIVE DATE |
| EREBY ELECT TO | 10. BENEFIT | 11 TYPE CODE | 12 PLAN CODE | 13 FIRST MONTH CONTRIBUTION | 14. NEXT MONTH |
| A. ENABLE IN THE PREMIUM CONVERSION PLAN (PCP) OR CHANGE THE AMOUNT OF MY PCP REDUCTION FOR THE PLANS IS DEFCKED IN COLUMN TO LAUTHOR FOR THE MAN IN THE PLANS IS DEFCKED IN COLUMN TO LAUTHORIZE THE STATE OF HAWAIN TO REDUCE MY PRE-TAX COMPRESATION EACH PAYROLL PERIOD BY ONE-HALF THE AMOUNT OF MY MONTHLY HEALTH | MEDICAL | 0 | (12) | \$ | \$_14 |
| BENEFITS PLAN CONTRIBUTIONS MY AUTHORIZATION ABOVE ALSO INCLUDES ANY CONTRIBUTION INCREASE. | ☐ DAUG | | | s | s |
| DECREASE, ADJUSTMENT OR CANCELLATION AS REQUIRED BY THE HEALTH RENEFITS PLAN UNDER APPLICABLE LAWS, RULES OR REGULATIONS | VISION | | | 4 | • |
| [] B CANCEL MY PCP REDUCTION FOR THE PLAN(S) CHECKED IN COLUMN TO | ADULT DENTAL | | | | |
| AVE RECEIVED AND READ THE PRINTED INFORMATION PROVIDED BY MY EMPLOYER PLAINING THE STATE OF HAWAII PCP AND MY OPTIONS THEREUNDER | DENIAL | l <u></u> | L | <u> \$</u> | |
| (1) | | (| 16 | | |
| DATE 16 EMPLOYEE'S SIGNATURE | 17. DATE | | 18 | AUTHORIZED SIG | |
| STATE COMPTROLLER (CENTRAL PAYROLL) | \ | | | | TE ACCOUNTING FORM H. 1, 1990 |
| 2) If I have a change in personal status (e.g., marria complete and file a) Another Health Benefits Plan b) PCP Election Change Form (Election Change Form (Election Change Form (Election Form (Elect | Enrollment Ap DPS/PCP-2), a | plication | · | en), divorce | en Enrollmer |
| complete and file a) Another Health Benefits Plan | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, oth anal status, is ir ages, but my PC nain in effect un | plication and erwise, of revocab CP chan- til the er | change: le for the ge or ca | s can be man ne current pl ncellation is | e, etc.), I mus de only durin lan year; and not allowable |
| complete and file a) Another Health Benefits Plan b) PCP Election Change Form (I c) PCP Benefit Election Form (F all within 31 days of the event, to modify my reduc an Open Enrollment Period; 3) My election, in the absence of a change in perso 4) If I change or cancel my health benefits plan covers my PCP Benefit Election authorization will still rem | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, oth- mal status, is in ages, but my PC main in effect un or payments will | plication and erwise, or evocable CP chantil the erior be forferenced by the control of the cont | change: le for the ge or ca id of the eited. | s can be ma ne current p incellation is plan year, u | de only durin lan year; and not allowable until the prope |
| complete and file a) Another Health Benefits Plan b) PCP Election Change Form (I c) PCP Benefit Election Form (F all within 31 days of the event, to modify my reduc an Open Enrollment Period; 3) My election, in the absence of a change in perso 4) If I change or cancel my health benefits plan covera my PCP Benefit Election authorization will still rem PCP change/cancellation forms are filed, and my NEW EMPLOYEES ONLY (INCLUDING TRA If reemployed by the State, you may continue your Pre conditions. (Ref: Section 14-51-23 (a) (4), PCP Admin Were you previously employed by the Hawaii Stat No | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, other ages, but my PC agin in effect un or payments will and SFERS) emium Conversistrative Rules, | plication and erwise, or revocable P chandil the eribe forform planding pla | change: le for the ge or ca id of the eited. | s can be ma ne current p incellation is plan year, u | de only durin lan year; and not allowabl until the propu |
| complete and file a) Another Health Benefits Plan b) PCP Election Change Form (I c) PCP Benefit Election Form (F all within 31 days of the event, to modify my reduce an Open Enrollment Period; 3) My election, in the absence of a change in perso 4) If I change or cancel my health benefits plan covera my PCP Benefit Election authorization will still rem PCP change/cancellation forms are filed, and my NEW EMPLOYEES ONLY (INCLUDING TRA If reemployed by the State, you may continue your Pre conditions. (Ref: Section 14-51-23 (a) (4), PCP Admin Were you previously employed by the Hawaii Stat No L] Yes My last date of employment: | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, other ages, but my PC tain in effect un or payments will and STERS) emium Convers istrative Rules, e Government | plication and erwise, or revocable P chandil the eribe forform plandil sion Plandil | change: le for the ge or ca id of the eited. | s can be ma ne current p incellation is plan year, u | de only durin lan year; and not allowabl until the propu |
| complete and file a) Another Health Benefits Plan b) PCP Election Change Form (I c) PCP Benefit Election Form (F all within 31 days of the event, to modify my reduc an Open Enrollment Period; 3) My election, in the absence of a change in perso 4) If I change or cancel my health benefits plan covera my PCP Benefit Election authorization will still rem PCP change/cancellation forms are filed, and my NEW EMPLOYEES ONLY (INCLUDING TRA If reemployed by the State, you may continue your Pre conditions. (Ref: Section 14-51-23 (a) (4), PCP Admin Were you previously employed by the Hawaii Stat No | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, other ages, but my PC tain in effect un or payments will and STERS) emium Convers istrative Rules, e Government | plication and erwise, or revocable P chandil the eribe forform plandil sion Plandil | change: le for the ge or ca id of the eited. | s can be ma ne current p incellation is plan year, u | de only durin lan year; and not allowable until the prope |
| complete and file a) Another Health Benefits Plan b) PCP Election Change Form (I c) PCP Benefit Election Form (F all within 31 days of the event, to modify my reduce an Open Enrollment Period; 3) My election, in the absence of a change in perso 4) If I change or cancel my health benefits plan covera my PCP Benefit Election authorization will still rem PCP change/cancellation forms are filed, and my NEW EMPLOYEES ONLY (INCLUDING TRA If reemployed by the State, you may continue your Pre conditions. (Ref: Section 14-51-23 (a) (4), PCP Admin Were you previously employed by the Hawaii Stat No L] Yes My last date of employment: | Enrollment Ap DPS/PCP-2), a orm D-67) tion in pay, other ages, but my PC tain in effect un or payments will and STERS) emium Conversiistrative Rules, e Government | plication and plication and plication are provided by the prov | change: le for the ge or ca id of the eited. | s can be ma ne current p incellation is plan year, u | de only durin lan year; and not allowable until the prope |

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EXHIBIT B: FILLED-OUT SAMPLE OF SAFORM D-67

| STATE OF HAWAII | PREMIUM CONVERSION | PLAN BI | ENEFIT | ELECTI | ON FO | RM | |
|---|--|---|--|---|---|--|--|
| DEPARTMENT Transportation | | 2 SUBDIVISION OR: | | vision | | | |
| FORMING 4 SOCIAL SECURITY NO | 5 LAST NAME, FIRST NAME, MIDDLE INITIAL | 1 | 1 9 3 0 1 | 6 AGENT | | | EFFECTIVE DATE |
| PKI 575 20 8 | 876 Inoue, Brian L. | 10. BENEFIT | 11 TYPE | 70° | | D (| 0 7 /0 1 /9 |
| X A X ENROLL IN THE PREMIUM | CONVERSION PLAN (PCP) OR CHANGE THE | PLAN | CODE | CODE | CONTR | BUTION | # DIFFEREN |
| LAUTHORIZE THE STATE OF HAY EACH PAYROLL PERIOD BY ONE | N FOR THE PLANIS) CHECKED IN COLUMN 10 WAILTO REDUCE MY PRE-TAX COMPENSATION THALF THE AMOUNT OF MY MONTHLY HEALTH | X MEDICAL | M R | 2 1 1 | \$ <u>2</u> | <u> 5 0 0</u> | \$ 200 |
| BENEFITS PLAN CONTRIBUTIONS MY AUTHORIZATION ABOVE ALS | O INCLUDES ANY CONTRIBUTION INCREASE. | IX DRUG | P.R | 311 | \$ <u>2</u> | 000 | \$ <u>15.0</u> |
| BENEFITS PLAN UNDER APPLICA | INCELLATION AS REQUIRED BY THE HEALTH IBLE LAWS, RULES OR REGULATIONS | (X) VISION | V R | 0 1 1 | \$ 2 | 000 | \$ 15,0 |
| B CANCEL MY PCP REDUCTION FO | R THE PLAN(S) CHECKED IN COLUMN 10 | ADULT DENTAL | D R | 1. | | | |
| HAVE RECEIVED AND READ THE PRINTED HER KPLAINING THE STATE OF HAWAII PCP AND N | DIMATION PROVIDED BY MY EMPLOYER OFTIONS THEREUNDER | | 10 4 | 6 3 1 | \$ <u>2</u> | <u> </u> | <u>\$_ 2 0 .0</u> |
| 06/15/90 B | ruro L Irone EMPLOYEES SIGNATURE | 06/20 | | . Ja | الله مل | /. Sm. | |
| | R (CENTRAL PAYROLL) | 17 0716 | | | ACTION | | CCOUNTING FORM |
| | ······································ | | | | | | |
| Period; 2) If I have a change complete and file a) b) | in personal status (e.g., marriag Another Health Benefits Plan E PCP Election Change Form (D) PCP Benefit Election Form (For | e, birth or ad nrollment Ap PS/PCP-2), a | option o | of child(re | J | · | |
| Period; 2) If I have a change complete and file a) b) c) all within 31 days c an Open Enrollme 3) My election, in the 4) Iff change or cance my PCP Benefit Ele | in personal status (e.g., marriag Another Health Benefits Plan E PCP Election Change Form (DI PCP Benefit Election Form (For If the event, to modify my reduction | e, birth or ad nrollment Ap PS/PCP-2), a rm D-67) on in pay, oth al status, is ir es, but my P(in in effect un | option of plication and erwise, rrevocate CP chantel the er | of child(re thanges to ble for the ge or car and of the | en), div | orce, e made ent plan | etc.), I mus only during on year; and of allowable |
| Period; 2) If I have a change complete and file a) b) c) all within 31 days of an Open Enrollme 3) My election, in the 4) Iff-change or cancer my PCP Benefit Elepton Change/cance NEW EMPLOYEES If reemployed by the Standitions. (Ref. Section Were you previous) | Another Health Benefits Plan E PCP Election Change Form (DI PCP Benefit Election Form (Form of the event, to modify my reduction the event, to modify my reduction the period; absence of a change in person- el my health benefits plan coverage ection authorization will still rema- ellation forms are filed, and my person- one of the period | e, birth or ad nrollment Ap PS/PCP-2), a rm D-67) on in pay, oth al status, is in les, but my PC in in effect un payments will sayments will say sayments will say sayments will say sayments | option of plication and erwise, rrevocate CP chanutil the er I be forf | of child(rein, changes ole for the ge or carnd of the eited. | can be can be e curre cellation plan ye | e made ent plar on is no ear, unt | etc.), I must only during n year; and of allowable ill the prope |
| Period; 2) If I have a change complete and file a) b) all within 31 days of an Open Enrollme 3) My election, in the 4) Iff change or cancernity PCP Benefit Elepton Change/cance NEW EMPLOYEES If reemployed by the Standitions. (Ref. Section Were you previous) No Yes My Identified Section Change (Ref. Section Change) No Yes My Identified Change (Ref. Section | Another Health Benefits Plan E PCP Election Change Form (DI PCP Benefit Election Form (Form of the event, to modify my reduction the Period; absence of a change in personal my health benefits plan coverage ection authorization will still remain ellation forms are filed, and my property (INCLUDING TRAN tate, you may continue your Premain 14-51-23 (a) (4), PCP Administive periodes and the property of the Hawaii State ast date of employment: | e, birth or ad nrollment Ap PS/PCP-2), a rm D-67) on in pay, oth al status, is it es, but my PC in in effect un payments will sayments will sayments will nium Convertrative Rules Government | option of plication and erwise, crevocate CP channel if the error le be forf | of child(rein, changes object for the geor cand of the eited. | can be e curre cellation can be e curre | e made ent plar on is no ear, unt | etc.), I must only during n year; and of allowable ill the prope |
| Period; 2) If I have a change complete and file a) b) all within 31 days of an Open Enrollme 3) My election, in the 4) Iff change or cancernity PCP Benefit Elepton Change/cance NEW EMPLOYEES If reemployed by the Standitions. (Ref. Section Were you previous) No Yes My Identified Section Change (Ref. Section Change) No Yes My Identified Change (Ref. Section | Another Health Benefits Plan E PCP Election Change Form (DI PCP Benefit Election Form (Form of the event, to modify my reduction the event, to modify my reduction the period; absence of a change in person- el my health benefits plan coverage ection authorization will still rema- ellation forms are filed, and my person- one of the period | e, birth or ad nrollment Ap PS/PCP-2), a rm D-67) on in pay, oth al status, is in les, but my PC in in effect un payments will sayments will sayments will sayments are reconstructive Rules Government | option of plication and erwise, rrevocate CP chanutil the er I be forf | of child(rein, changes object for the geor cand of the eited. | can be e curre cellation can be e curre | e made ent plar on is no ear, unt | etc.), I must only during n year; and of allowable ill the prope |